

UNITED STATES DISTRICT COURT

District of Massachusetts

Brendan M. McGuinness,
Plaintiff,

V.

James R. Bender, et al.,
Defendants.

SUMMONS IN A CIVIL CASE

CASE NUMBER: C.A. No. 05-11738-EFH

TO: (Name and address of Defendant)

James R. Bender, Deputy Commissioner of Correction

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Brendan M. McGuinness, pro se

Box 8000
Shirley, MA 01464

an answer to the complaint which is herewith served upon you, within 20 (twenty) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Sarah Alison Thornton
CLERK

(By) DEPUTY CLERK

November 28, 2005

DATE

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Brendan McGuinness	FILED CLERKS OFFICE	COURT CASE NUMBER	05-11738-EFH
DEFENDANT	James Bender, et al.	2005 DEC 16 P 3:40	TYPE OF PROCESS	Return Receipt
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
AT	James Bender, Deputy Commissioner of Correction			
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	Box 9125 Concord MA 01742			

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Brendan McGuinness
Box 8000
Shirley, MA 01464

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

8

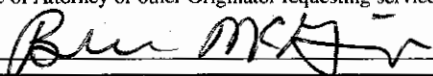
Check for service on U.S.A.

N/A

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

* (978) 405-6622 www.mass.gov/doc
Bender's office located in Concord, near
rotary on Rt. 2. Street not listed. Number above.

Signature of Attorney or other Originator requesting service on behalf of:


☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

12/2/05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
1	No. 38	No. 49	James Salamea	12/7/05	

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service	Time	am
		pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: Process served by cert. mail at 12/8/05